

**HAWAII ENDODONTICS, INC.**

Beretania Medical-Dental Plaza / 848 S. Beretania Street / Suite 301 / Honolulu, Hawaii 96813 / Tel. (808) 536-3963

**PATIENT INFORMATION**

\* See Update

Patient's Name LINDA SEKIYA Phone 487-7635  
 Social Security Number 575-48-2664 Date of Birth 9-27-66  
 If A Child, Parent's Name \_\_\_\_\_  
 Address 98-1620 NAHELE ST  
 City AIEA State HI Zip Code 96701  
 Patient Employed By DRMO-HI Phone 684-7686  
 Business Address Box 280, BARBERS PT, HI Occupation BRANCH ADMINISTRATOR  
 Name of Spouse/Parent or Emergency Contact LAWRENCE SEKIYA Phone 487-7635  
 Spouse Employed By PEARL HARBOR NAVAL SHIPYARD (X99) Phone 474-7693

**DENTAL INSURANCE COVERAGE**

Primary HMSA-FED Social Security Number \_\_\_\_\_  
 Membership I.D. or Group Number XLAF 0000 7714 7742 FED DEB HMS 117  
 Secondary \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Membership I.D. or Group Number \_\_\_\_\_

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

Signature  Date 5-29-97

**EXHIBIT KK**

000279

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## MEDICAL HEALTH HISTORY

Patient's Name LINDA SAKIYA S.S.N. 570-48-2664  
 Name of Family Physician DR MICHAEL J. INADA Phone 487-5115  
 Other Specialists \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of last visit 5/97 Reason for visit EARACHE  
 Are you currently under the care of a physician? If yes, what medication and for what reason or condition? DR MARK BLENSTEIN XANAX/AMARIN ANXIETY/INSOMNIA  
 Are you currently taking any medication? If yes, what medication and for what reason or condition? (SAME AS ABOVE)

Please circle your answer to the questions below. If you have any yes answers, please explain or describe in the space below.

HAVE YOU EVER HAD OR BEEN TREATED FOR: ulcers

1. Rheumatic fever, rheumatic heart disease, heart murmur or congenital heart disease? Yes ☐ No ☒
2. Heart trouble, heart attack, angina, heart surgery, a pacemaker or irregular beats? Yes ☐ No ☒
3. Stomach or intestinal disease? Yes ☐ No ☒
4. Abnormal blood pressure, excessive bleeding, or anemia? Vitamin Yes ☐ No ☒
5. Breathing problems, asthma, tuberculosis, or hay fever? asthma Yes ☐ No ☒
6. Cancer, x-ray treatments, or chemotherapy? Yes ☐ No ☒
7. Diabetes? Yes ☐ No ☒
8. Hepatitis, jaundice, or liver disease? Yes ☐ No ☒
9. Kidney problems or renal dialysis? Yes ☐ No ☒
10. Venereal disease or AIDS or HIV+? Yes ☐ No ☒
11. A stroke, convulsions, or fainting spells? Dr. med. Yes ☐ No ☒
12. Tumors or growths? Yes ☐ No ☒
13. Arthritis or rheumatism? Yes ☐ No ☒
14. Allergic reactions to medication? Yes ☐ No ☒
15. Have you ever had a serious injury to your head or neck? Yes ☐ No ☒
16. Have you ever had a major operation? Yes ☐ No ☒
17. Are you on a special diet? (reason) Yes ☐ No ☒
18. Do you smoke? (type and quantity) Yes ☐ No ☒
19. Have you consulted or been treated by a psychiatrist or psychologist? Yes ☐ No ☒
20. Are there any other problems about your health of which you are aware? Yes ☐ No ☒
21. For women: are you pregnant? Yes ☐ No ☒

NOTE: A change in your health status should be reported to the office at the earliest possible time.

Please explain or describe any yes answers to the above questions in the following space:

4. ANEMIA
5. BRONCHITIS/ASTHMA/SHORTNESS OF BREATH
11. FAINING - LOW BLOOD PRESSURE
13. ARTHRITIS - FINGERS (HAND/WRIST)
14. PENICILLIN/CODINE/CARBIDE - refer to p. 1

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## DENTAL HEALTH HISTORY

Patient's Name LINDA SEKIYA S.S.N. 575-48-2664  
 Name of Family Dentist DR. EUGENE AZUMA Phone \_\_\_\_\_  
 Referred by HMSA-FED  
 Date of your last visit to a dentist 4/97  
 Reason for your last visit (or series of visits) TOOTH CAVITIES  
 Do you have any of your x-rays or dental records? NO - DR. AZUMA HAS

Please circle your answer to the questions below. If you have any yes answers, please explain or describe in the space below.

### In respect to any previous dental treatment have you:

1. Had an allergic reaction? Yes ☐ No ☒
2. Had abnormal bleeding? Yes ☐ No ☒
3. Any other complications during or following dental treatment? Yes ☐ No ☒
4. Do your gums bleed on brushing or eating? Yes ☐ No ☒
5. Does food catch between your teeth? Yes ☐ No ☒
6. Are any of your teeth sensitive to heat, cold, or pressure? Yes ☐ No ☒
7. Do you grind your teeth or clench your jaws? Yes ☐ No ☒
8. Do you have pain or clicking in the jaw joint? Yes ☐ No ☒
9. Have your jaw muscles ever been sore? Yes ☐ No ☒
10. Are there any sores or growths in your mouth? Yes ☐ No ☒
11. Do any of your teeth ache? Yes ☐ No ☒
12. Do you have any other dental complaint? Yes ☐ No ☒

Please explain or describe any yes answers to the above questions in the following space

3 AFTER ORAL SURGERY PAIN MEDICATION MADE ME ILL.  
12. DON'T LIKE DENTISTS

To the best of my knowledge, the foregoing questions have been accurately answered.

### PERMISSION TO RELEASE HEALTH INFORMATION:

I grant the right to the dentist to release health information obtained from me, and information about my dental treatment to third party payors, and/or health practitioners.

Person completing the form:

Signature Linda Sekiya

Print Name LINDA SEKIYA

(If other than Patient, indicate relationship)

Date 5-29-97

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## HAWAII ENDODONTICS, INC.

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### AUTHORIZATION AND INFORMED CONSENT FOR ENDODONTIC THERAPY

Patient's Name LINDA SEKIYA

I hereby authorize the endodontist and whomever he may designate as his assistant(s) to perform the following endodontic procedure on tooth or teeth # 31 to treat my dental problem or condition. I understand that there is a consultation fee that can be credited to my account in the event that I do decide to have the root canal treatment.

I understand the following:

(1) As a rule, 90-95% of routine cases are successful. Endodontics as with any branch of medicine or dentistry, is not an exact science. Therefore, no guarantee of treatment success can be given or implied. If the case is not successful, the treatment may have to be redone, a surgical procedure required or the tooth extracted.

(2) Cases started in other offices or retreatment cases are usually more difficult and may have a different outcome than expected under optimal conditions.

(3) Proper post-treatment restoration (filling, onlay, crown, etc.) is a necessity. I must contact my referring dentist soon after completion of the endodontics to arrange this.

(4) Periodic recall examination is recommended to evaluate the healing after treatment and no further charges are made for it. However, compliance is the responsibility of the patient.

(5) It may be necessary to alter the tooth structure or remove the restoration of the tooth being treated.

(6) Possible complications of treatment include, but are not limited to the following:

- a. procedural difficulties in the course of treatment.
- b. swelling, soreness, infection, trismus, or discoloration of the adjacent soft or hard tissues.
- c. fractures of the crown or root of the tooth or restoration.
- d. fragmentation of root canal instruments during treatment.
- e. perforation of the root with instruments.
- f. complications following anesthesia (hematoma, paresthesia, allergy, increased heart rate, etc.)
- g. additional unknown or unspecified problems, the explanation for and the responsibility of which cannot be given or assumed.

Treatment will be performed in accordance with accepted methods of clinical practice. Included in the therapy will be the taking of a minimal number of x-rays as dictated by the courses of treatment.

I certify that I have read fully and understand the above authorization and informed consent and that all of my questions were answered in a satisfactory manner.

Signature of patient or legal guardian: Linda Sekiya

Date: 5-29-97



12/12/02  
mit

December 9, 2002

Terry S. Matsumoto, DMD  
848 S. Beretania Street, Suite 301  
Honolulu, HI 96813

Regarding: Linda D. Sekiya

Dear Dr. Matsumoto:

Thank you for your referral of Mrs. Linda Sekiya. I had the pleasure of seeing her on December 9, 2002. The following procedure was performed:

Removal of tooth #31

Linda was a very nervous, but cooperative patient who did very well with local anesthesia and nitrous oxide/ oxygen inhalation sedation. She will be in touch with us for normal post-operative care.

Thank you again, Terry, for the opportunity to participate in Linda Sekiya's care. My staff and I consider it a privilege to care for your patients, and we appreciate your confidence.

Sincerely,

Todd K. Haruki, DDS, MD

Enc.: 1 PA

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# hawaii endodontics inc

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Honolulu, Hawaii 96813  
Telephone (808) 536-3963

WE ARE PLEASED THAT YOU HAVE DENTAL INSURANCE !

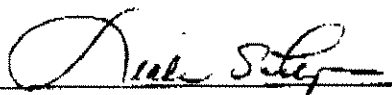
Your dental benefit program can assist you in obtaining and maintaining a superlative level of oral care. Our office staff "understands" Dental Insurance, and we will be glad to assist you in obtaining the maximum benefits specified in your contract.

YOU MUST REALIZE HOWEVER, THAT:

1. Your dental benefit program is a contract between you, your employer and the insurance company. WE ARE NOT A PARTY TO THAT CONTRACT.
2. THE PERCENTAGE OF INSURANCE COVERAGE FOR EACH DENTAL SERVICE CAN VARY GREATLY, due to the arbitrary allowances determined by your carrier
3. NOT ALL DENTAL SERVICES ARE A COVERED BENEFIT IN ALL CONTACTS.
4. YOU ARE RESPONSIBLE FOR ALL OUR FEES FOR SERVICES RENDERED TO YOU.
5. For our patients with HDS/HMSA plans, YOUR CO-PAYMENT IS DUE THE DAY OF SERVICE.
6. To accommodate our patients with other insurance benefits plans, we will gladly assist you in filling out your insurance forms expeditiously so that you receive reimbursement as quickly as possible. PAYMENT IS DUE THE DAY OF SERVICE.

Please read carefully the insurance benefit booklet you received from your employer before starting your dental treatment. Your benefit booklet will help to outline for you the out-of-pocket costs for your dental treatment. If you are uncertain about covered benefits, non-covered benefits, exclusions, or other items in your benefit program, please inquire prior to starting treatment. Any of us will gladly discuss your proposed dental treatment and answer any questions we are able to about the involvement of your dental benefit program in receiving this care

I HAVE READ AND UNDERSTAND THAT ABOVE INFORMATION CONCERNING INSURANCE COVERAGE FOR MY DENTAL TREATMENT.

  
Patient signature

5-29-97  
Date

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TERRY MATSUMOTO

PATIENT: Linda Sekiya

TOOTH #	DATE	YEAR	DESCRIPTION	HEALTH:
				ALLERGIES:
#31	10-04	2002	per Dr. Matsumoto if pain persists will refer pt to O.S.	
#31	10-14		per 2 wk ✓ pt tooth still feels the same, sensitivity to hot. *Schedule ✓ Mon 10/14*	
			pt wants to #31	
			cc 29 30 31 32 2 3 4 5	
			dec - - - + missing - - - -	
GM			fill - - - - -	
			gold see NR see NR ↓ see NR NR see	
			chew - - - missing - - - -	
			rot - - - - -	
			(X) #31 non-healed	
			H+2 ROT 1997	
			Expt to all treatment	
			Px. prepare extraction	
			refer to O.S.	
			pt does not have GO now	
			Refer to Dr. Hamachi for rot #31	
			see referral copy. 04	

TERRY S. MATSUMOTO, DMD

PATIENT: Linda Sekiya.

YTH #	DATE:	YEAR: 2001	DESCRIPTION	HEALTH: Anemia, Asthma, Low BP
31	1-11	RC Sent. (gs)		ALLERGIES: penic, Coding

2002

09-27 pt. called to sche. / appt. per pt: her tooth bothered her yesterday - when she drank hot/cold liquids, she felt a sensation.

(7/11)

#31 04-20 Re dxrs lmo pt said tooth has sensitivity to temperature.

pt noticed sensitivity on Friday.

	29	30	31	32	2	3	4
PERC	-	SL	SL	MISSING	-	-	-
PERC	-	SL	SL	MISSING	-	-	-
PERC	SEC	SEC	NR	↓	SEC	NR	NR
PERC	-	-	-	↓	-	-	-
PERC	DO and PIP (2)	ROT	MISSING				
	mod and	PUSH (2)					
	form	PIPS					
	rot. wire	composit					
		rot. wire					

(DEFIN RE DXRS lmo)

Takes in-Landman

(RE) DAIKOT NIPD 12 HRS. 9/11 + rep 11 ✓ 11/11/02

#31 10-04 per v - pt tooth still feels sensitive to cold temp. it feels like it's coming from that. It took 3 of the DAIKOT.

	29	30	31	32	2	3	4
PERC	-	-	SL	MISSING	-	-	-
PERC	-	-	-	MISSING	-	-	-
PERC	SEC	SEC	NR	↓	SEC	NR	NR
PERC	-	-	SL (OL)	↓	-	-	-

NOT -

Dx B 31 mm healing

In INFECTION (GROSS)

1) RCT

2) rest x

3) PIP and crown / DAIKOT

4) Extraction if not a week

\*

Possible extraction #31

000286

Implant / Nmm

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Dr. MARGARET L. LINDA S. KERR  
 HEALTH ANEMIA, ASTHMA, LOW BP.

TOOTH	DATE	DESCRIPTION
31	8/19/97	cc no sens to hot & cold sens. to touch pt. leaving for mainland in Sun for 1 week pt. staying away from that side per pt. GI tract tooth couldn't stand left to us. for RCT (18) 2 mos. since pain started.
31	8/20/97	cc 31 30 29 perc sl. - - palp sl. - - xlc sec sec sec chew + - - xray
31	8/27	pt. going on trip to mainland p.o. 25 mg for 10 days after * scheduled RCT after 8/19/97 *
31	8/27	pt. feels fine tooth is okay didn't bother pt. while on trip - RCT -
31	8/27	X-Ray AN (2) RD - 0-1 (AN) C shaped canal Used: 1:100, 00 L (1) used: Kerr - M4, Percro #3 P.S. MB - 19mm files #10 - #25 short BG 5-14, 55 Macspool ML - 17 18.5 19 PS at 14mm in Distal D-18 17.5 17.5 19 Fill completed @ G.P. and Ruth Senter 2 cotton, cav. t
31	8/27	(Rx) DARNOCET NIO 12 Tabs QID - DR. M. Hill O.K. to restore @ G.D. in 1 to 2 wks
31	8-27	sent PC/TX cc C 2000 2001
31	10/1	RCT Completed (8-27-97) 3 yrs 3 months pt. says no discomfort, just feel odd - biting, hot, + cold. okay - started 3-9 wks ago - after biting hard candy
31		cc #31 #30 #29 perc SI NF NR palp NR - - xlc NR Secs Secs Chew NR - - (RE) RCT pin and 1000 1000
Dr. # 31 To be in clinic, suspect crown		

000287 (9)

DR. MATSUOTO

LINDA SEKIYA

Allergic. Penic. K, Cephazone, Cephazone

TOOTH	DATE	DESCRIPTION
31	5/29	(C) pt. feels fine as of right now, points to #31 sens. to hot & cold, also biting - pt. took some tranquilizer at 1pm for anxiety
M.S.		(Hx) started 2 wks ago, #32 extracted Mid. of March 1997 pt. was prescribe Nalium (Ibuc) 800mg for extraction - pt. just used Took 1 Tab for tooth ache #31 - pt. <del>quicker</del> down - pt. remember biting down on something before tooth hurt
		(C) 32 31 30 21
		Per. extracted + -
		pulp. " -
		X-Ray " PINS composite filling PINS Large amalgam filling DO amalgam filling
		10(cold) " see. see. see.
		chew(bk) " + -

(D) #31 Hx of trauma pulp seems vital Recommended observation and re-evaluation in 2-wks

✓ poss. working #31  
in 2 wks

31 5/29 Sent Thank you.

31 6/11 (C) Pt says tooth is doing good no problems.

(E) #31	#30	#29	#2	#3	#4
per. lingual st	-	-	-	-	-
pulp lingual sec	sec.	-	-	-	-
col. lingual sec	-	-	-	-	-
Bite (chew) st	-	-	-	-	-

(Dx) #31 poss traumatic injury

OBS

Pt will call  
if injury continues

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Page 11/11

Linda Sekiya

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